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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CON of 09/167,513 10/06/1998 PAT 6,388,064
 and claims benefit of 60/061,712 10/06/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY WA	SHEETS DRAWING 1	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 7
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TITLE

Human 2-19 protein homologue, z219a

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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